

Incident /Accident Report

Where did the near incident or accident take place?

Branch (Number): _____

Incident Location: _____

When did the incident happen or when did you discover the unsafe condition?

Date: _____

Time: _____

Involved employee:

(Name and Initial)

(Telephone)

Was the incident/accident reported to your supervisor?

Yes/No _____
(If yes date and time, if no, Reason)

Name of Supervisor: _____

(Name and Initial)

Primary Cause of Incident:

Auto _____

Employee Injury _____

Equipment _____

Property _____

Utilities _____

Environmental _____

Attach Results

Administered by: _____

Management Notified-

Person Contacted - _____

Time/Date _____

Reporting Employee:

Name: _____

Unit: _____

Phone: _____

Was medical treatment required? _____

If Yes, Name, address and Phone Number of facility:

Explain incident in as much detail as needed.
(Use back and additional sheets if needed)

Explain: _____

Was the Appropriate PPE in use? _____

PPE in use: _____

Witness to the Incident: _____

Please provide witness statements on the reverse use extra sheets if needed.

Operations Manager _____

Signature _____
(Required within 24 hours)

Corporate Office Use Only
First Report _____
Insurance Dept. Notified _____
Police Report _____
Investigation _____
Follow-up _____

